Attorney's Docket No.: ADAPT-HI-FI/SCH

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled WEB BASED COMMUNICATION OF INFORMATION WITH RECONFIGURABLE FORMAT, the specification of which:

[x]	is attached hereto.				
[]	was filed on	as Application Sei	ial No.	_ and was amended	
Ð	on was described and cl	aimed in PCT Internat and as amended under	ional Application No PCT Article 19 on _		_ filed on
I he	reby state that I have re claims, as amended by	eviewed and understan y any amendment refer	d the contents of the red to above.	above-identified spe	cification,
l acl Fitle 37, Cod	knowledge the duty to e of Federal Regulatio	disclose all informations, §1.56.	n I know to be materi	al to patentability in	accordance with
I her application(s	reby claim the benefit (under Title 35, United	States Code, §119(e)	(1) of any United St	ates provisional
	U.S. Serial No.	Filin	g Date	Status	
of Federal Re	gulations, §1.56(a) wh	l information I know to tich became available i date of this application	between the filing dat	tability as defined in e of the prior applic	Title 37, Code ation and the
	U.S. Serial No.	Filing	g Date	Status	
pplication(s) ountry other or patent or i he United Sta	for patent or inventor than the United States nventor's certificate or	rity benefits under Title's certificate or of any of America listed belowers any PCT internationaly me on the same subjusted:	PCT international apport and have also iden I application(s) design	plication(s) designat tified below any for nating at least one or	ing at least one eign application
Count	ry Apj	olication No.	Filing Date	Pr	iority Claimed
		· 		[] Y Y (]	es [] No

Attorney's Docket No.: ADAPT-HI-FI/SCH

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Address all telephone calls to SCOTT C. HARRIS at telephone number (619) 823-7778.

Address all correspondence to SCOTT C. HARRIS at:

Customer No. 23844 Scott C. Harris P.O. Box 927649 San Diego, CA 92192-7649

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor:

Scott C. Harris

Inventor's Signature:

Date: 10/23/01

Residence Address:

3329 Cerros Redondos, Rancho Santa Fe, CA 92067

Citizenship:

<u>USA</u>

Post Office Address:

P.O. Box 927649, San Diego, CA 92192

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 934

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

50-1387

Deposit Account Name:

Scott C. Harris

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name:

Scott C. Harris

Electronic Signature Mark:

SCH

Date Signed:

20020714

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	201	\$ 370	

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 64	203	\$ 9	44	\$ 396
Independent Claims: 7	202	\$ 42	4	\$ 168

Subtotal For Extra Claims Fees: \$ 564